

TRANSCRIPT ORDER

FOR COURT USE ONLY

DUE DATE:

1. NAME Ramon Rossi Lopez				2. PHONE NUMBER (949) 737-1501		3. DATE 12/20/2018	
4. FIRM NAME LOPEZ McHUGH LLP							
5. MAILING ADDRESS 100 Bayview Circle, Suite 5600				6. CITY Newport Beach		7. STATE CA	
				8. ZIP CODE 92660			
9. CASE NUMBER MD-15-02641-PHX-DGC		10. JUDGE David G. Campbell		DATES OF PROCEEDINGS			
				11. September 18, 2018		12. October 5, 2018	
13. CASE NAME Lisa Hyde, et al. v. CR Bard, Inc. et al.				LOCATION OF PROCEEDINGS			
				14. US District Court		15. STATE Arizona	
16. ORDER FOR							
<input checked="" type="checkbox"/> APPEAL		<input type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT		<input type="checkbox"/> BANKRUPTCY	
<input type="checkbox"/> NON-APPEAL		<input checked="" type="checkbox"/> CIVIL		<input type="checkbox"/> IN FORMA PAUPERIS		<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested.)							
PORTIONS		DATE(S)		PORTION(S)		DATE(S)	
<input type="checkbox"/> VOIR DIRE				<input type="checkbox"/> TESTIMONY (Specify)			
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)							
<input type="checkbox"/> OPENING STATEMENT (Defendant)							
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)				<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING		10/5/2017; 12/15/2017	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)						1/19/2018; 9/6/18	
<input type="checkbox"/> OPINION OF COURT							
<input type="checkbox"/> JURY INSTRUCTIONS				<input checked="" type="checkbox"/> OTHER (Specify)			
<input type="checkbox"/> SENTENCING				Designation of appeal only		All transcripts have been filed	
<input type="checkbox"/> BAIL HEARING							
18. ORDER							
CATEGORY	ORIGINAL + 1 (original to Court, copy to ordering party)	FIRST COPY	# OF ADDITIONAL COPIES	DELIVERY INSTRUCTIONS (Check all that apply.)		ESTIMATED COSTS	
30 DAYS	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/> PAPER COPY <input type="checkbox"/> PDF (e-mail) <input type="checkbox"/> ASCII (e-mail)			
14 DAYS	<input type="checkbox"/>	<input type="checkbox"/>					
7 DAYS(expedited)	<input type="checkbox"/>	<input type="checkbox"/>					
3 DAYS	<input type="checkbox"/>	<input type="checkbox"/>					
DAILY	<input type="checkbox"/>	<input type="checkbox"/>					
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>					
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>		E-MAIL ADDRESS rlopez@lopezmchugh; mwass@lopezmchugh.com			
CERTIFICATION (19. & 20.) By signing below, I certify that I will pay all charges (deposit plus additional).				NOTE: IF ORDERING MORE THAN ONE FORMAT, THERE WILL BE AN ADDITIONAL CHARGE.			
19. SIGNATURE /s/ Ramon Rossi Lopez							
20. DATE 12/20/18							
TRANSCRIPT TO BE PREPARED BY				ESTIMATE TOTAL			
ORDER RECEIVED	DATE	BY	PROCESSED BY		PHONE NUMBER		
DEPOSIT PAID			DEPOSIT PAID				
TRANSCRIPT ORDERED			TOTAL CHARGES				
TRANSCRIPT RECEIVED			LESS DEPOSIT				
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT			TOTAL REFUNDED				
PARTY RECEIVED TRANSCRIPT			TOTAL DUE				

DISTRIBUTION: COURT COPY TRANSCRIPTION COPY ORDER RECEIPT ORDER COPY